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TREASURE STATE HEALTH

Vol. XXI, No. 3 OFFICIAL BULLETIN — State Department of Health and Environmental Sciences, Helena, Montana 59601 May 1972

Proposal Submitted for Venereal Disease Testing

Some 15,000 females will be tested for gonorrhea and syphilis in an effort to stem the rising tide of venereal disease in Montana under terms of a grant proposal submitted to the U.S. Department of Health, Education and Welfare by the State Department of Health and Environmental Sciences.

Officials in the department's VD Control Program feel confident that the grant will be approved and funded but they are not so certain as to the date it will become effective.

The disease of greatest concern is gonorrhea. In 1971, a total of 1121 cases were reported in the state. But data available from the American Social Hygiene Association indicates that only about 10 to 12 per cent of all cases treated by private physieians are reported. Thus, the actual number of cases of gonorrhea in the state that year was probably closer to 11,000 than the total actually recorded — an epidemic by any measure.

Both symptomatic and asymptomatic females will be cultured for gonorrhea. All females eultured will also receive a VDRL test for syphilis. Positive tests will be reported to the field representative in whose area the patients reside for follow-up. If a physician is involved, he will be contacted for the disposition. If no physician is involved, the patient will be located and referred for treatment. In either case, the patient will be followed until treatment is received.

Culture testing of asymptomatic females is especially important in the VD control effort. Unlike the male patient, who usually exhibits unmistakable signs of gonorrhea, such as a discharge, pain and burning, many females are infected with the disease who have no such symptoms that would lead them to treatment. Consequently, these unsuspecting women unknowningly infect their sex partners.

The 15,000 women to be tested will be drawn from those attending family planning centers, local health department clinics, hospital outpatient departments, Indian Health Service facilities, university health centers, military facilities and those being treated by private physicians.

Project activities will also include work with males. All reported male cases of gonorrhea that have been diagnosed will be interviewed within 24 hours of receipt of the report. Seventy-two hours will be allowed to locate the sexual contact and make referrals to a physician. It is estimated that 85 per cent of the contacts will be located. All contacts will receive epidemiological treatment when possible.

A field representative will visit every laboratory in the state performing tests for either gonorrhea or syphilis and explaining the laboratory's function in venereal disease control. Repeated visits will be made to laboratories that file regular reports. All laboratories will be encouraged to report all results on a weekly basis and to report high titre bloods by telephone.

Field representatives will visit private physicians and those employed by the Indian Health Service to secure their cooperation in gonorrhea control. The latest diagnosis and treatment guidelines will be explained. Reprints of scientific articles will be distributed and laboratory services will be discussed.

Members of the Advisory Committee on Communicable Disease Control, along with members of the departmental staff, will be available to explain the latest diagnostic and treatment guidelines to local medical societies. Local medical societies will be encouraged to sponsor culture method workshops for office nurses and laboratory personnel.

It is proposed that the staff of the VD Control program and health education consultants will present programs to at least 75 per cent of the

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Associate Justice John Harrison To Become TB-RD Assoc. Head

Associate Justice John Conway Harrison of the Montana Supreme Court will assume the presidency of the National Tuberculosis and Respiratory Disease Association on May 26.

In recognition of Judge Harrison's achievements, the Montana TB-RD Association will honor him at a banquet to be held June 2 during the Annual Meeting of the voluntary health agency which will be held June 2-3 in Helena at the Colonial Motor Hotel.

Judge Harrison has served as a volunteer without compensation for the Montana TB-RD Association for over 25 years. He has served continuously during this period as a member of the Board of Directors and Executive Committee of the organization and as its president in 1952-53.

He was first elected to the Supreme Court in 1960 and was re-elected for a second term in 1966. He has authored more than 350 appellate decisions, a number of which have been reprinted in American Law Reports.

Judge Harrison is a native of Grand Rapids, Minn., and a graduate of George Washington University.

He began his legal career in Helena in 1947 and served two years as deputy county attorney and six years as county attorney.

He also attended Montana State College and the University of Montana and served in the Army during World War II. He is a retired colonel in the Judge Advocate Reserve.

JOHN HARRISON

He and his wife Virginia have six children and he is a member or officer of numerous civic, service and professional organizations.

The Annual Meeting of the Montana TB-RD Association will eonsist of general sessions during the day on June 2, a banquet honoring Judge Harrison that evening, and a medical session titled "A Course on Respiratory Disease" on June 3.

Environmental Microbiology Conference Held

A two-day Environmental Microbiology Conference was held in Helena April 7 and 8 with approximately 60 medical technologists, laboratory technicians, nurses and other interested persons from throughout Montana participating.

The conference was designed to acquaint participants with the continuing problems of infection control and environmental surveillance in health care facilities. Faculty members included Dick Riemensnider, environmental microbiologist, U.S. Publie Health Service, Rockville, Md.; William G. Walter, Ph.D., chairman, Department of Botany, Montana State University, and Frank Engley, Ph.D., professor of microbiology, Medical School of the University of Missouri. Arrangements for the conference were coordinated locally by Miss Judith Schulze, microbiologist, Laboratory Division.

Sessions were planned to include lectures by the faculty, followed by question and answer periods; panel presentations by faculty members; and case studies analyzed by participants in small groups and reported to the entire conference gathering.

The conference was co-sponsored by the Montana State Department of Health and Environmental Sciences, Montana Education and Research Foundation, Montana Division — WICHE — Mountain States Regional Medical Program, and the Montana Society of Medical Technologists, in cooperation with the U.S. Department of Health, Education, and Welfare, Health Care Facilities Service.

TREASURE STATE HEALTH

OFFICIAL BULLETIN — STATE DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES
Helena, Montana 59601

Forrest H. Anderson, Governor

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Editorial . . .

On January 1, 1972, Montana joined a minority of the states in the nation that have an effective ambulance licensing law. Actually, the law was passed by the 1971 session of the legislature with the active support of many community ambulance service organizations. The legislation was also supported by the Montana Committee on Trauma of the American College of Surgeons, the Accident Committee of the Montana Medical Association and many community organizations.

The law itself provides for minimal training for ambulance attendants, minimal equipment in all ambulances for further regulations to be promulgated by the State Board of Health and Environmental Sciences. Early this year, the board approved regulations establishing vehicle design criteria, requiring two-way mobile communications equipment, requiring an attendant as well as a driver on every ambulance call, requiring proper maintenance and maintenance records, requiring the keeping of records on each patient, requirements for liability insurance, and providing access to all records and equipment for licensing purposes.

While the law requires a 26-hour Advanced Red Cross Training Course for ambulance attendants and drivers, many communities see a need to exceed this level of training and are enrolling their ambulance personnel in an 81-hour Emergency Medical Technician training course that is being actively promoted by the State Department of Health and Environmental Sciences. The EMT course is taught by local practicing physicians who contribute their time to the program.

Improved ambulance services in the state are receiving a further assist through the use of Federal Highway Safety Funds that are used to purchase ambulances, communications equipment and other needed emergency equipment for areas of the state in need of financial assistance.

Some authorities have estimated that as many as 20,000 victims of automobile and other accidents throughout the nation die needlessly each year because of deficiencies in emergency services and that 25,000 cases of permanent disability are caused annually by inadequately trained ambulance and rescue crews.

Staff in the department's Emergency Medical Services Unit contend that adequate regulations governing the training of ambulance crews and providing for minimal equipment in emergency vehicles could save as many as 80 lives a year in Montana as well as prevent more than 100 cases of permanent disability.

Montana now has a good ambulance law and regulations and there is reason to be obtimistic that this prediction of lives and disabilities saved may well be fulfilled.

For example, in 1968 North Carolina began a program of strict enforcement of highway safety, including minimal standards for ambulance equipment and attendant training. As a result, in that state there were 50 fewer highway deaths in 1969 and the total in 1970 was some 100 deaths below the 1969 figure. No other state in the nation had a comparable decline in highway deaths.

The ambulance licensing program in Montana is just getting underway but there is evidence that it has good acceptance. Cutting the accidental death toll requires the active cooperation of all agencies and organizations concerned with the problem. The upgrading of standards for ambulance services in Montana represents an important step forward.

John S. Anderson, M.D.

WASHINGTON DATELINE

Democratic leaders of Congressional committees on health, joined by the party's leading presidential contenders, have introduced legislation to set up a separate Department of Health to direct a broadened health-care program.

Senator Abraham Ribicoff (D-Conn.), who was Secretary of Health, Education, and Welfare under President John F. Kennedy; and Senator Edward M. Kennedy (D-Mass.), and Representative Paul G. Rogers (D-Fla.), who head Capitol Hill's public health subcommittees, entered the bill to provide for a Cabinet-level health department.

An additional 21 senators and 54 more House members signed up as co-sponsors. The senators include Democratic presidential hopefuls Hubert H. Humphrey of Minnesota, Edmund S. Muskie of Maine, George McGovern of South Dakota, and Henry M. Jackson of Washington.

At a news conference, Ribicoff predicted Congress will pass a general health insurance program next year and that health will be the major domestic issue facing the legislators.

The Department of Health, Education and Welfare is a bureaucracy of 108,000 employees, with a budget of nearly $80 billion or one-third of the total federal budget, Ribicoff said, and it is "obviously impossible for the Secretary to know everything."

Rogers said HEW "is so large it really is unmanageable and health is at the bottom of the burcaucracy in the department."

The Nixon Administration has pressured Republican congressmen, Rogers said, urging them not to go along with the separate health department idea, "but this is understandable because the President has his own reorganization plan" for fashioning even larger agencies.

Actually, President Nixon's Cabinet Reorganization Plan moves in the opposite direction, and calls for changing the Department of Health, Education and Welfare to a Department of Human Resources with added welfare programs from the Labor and Agriculture departments.

Under the health department bill backed by the Democrats, all HEW programs related to health, including Medicare and Medicaid, would be put under a separate health agency and a study would be made by a new commission on health planning to determine what other programs should be put under the new Secretary's jurisdiction.

The new commission also would provide ten-year national goals and priorities for making comprehensive health care and treatment available to all Americans at a reasonable cost.

Many observers believe that the bill has little chance for passage this year, although impetus to the drive could come from the Democratic Party's national convention where a party plank provision may endorse the Health Department idea.

Most health groups, including the American Medical Association, back a Health Department.

In other developments, the budget President Nixon sent to Congress proposed spending $1.1 billion more on health next year.

The $25.5 billion slated for health in fiscal 1973 would be the largest share of the federal budget ever devoted to that area of federal spending, 10.3 percent.

"Health care must be improved and made available to all Americans without driving up medical costs," Mr. Nixon said in his budget message.

Among its provisions, the budget would provide birth control devices and information to 700,000 more women in fiscal 1973, increase federal aid for crippled children by $2,700,000 and set aside $15 million for at least five emergency health care centers.

The budget had little to say about the national epidemic of venereal disease. It requested an increase of $2.5 million to expand VD control efforts, but provided no details.

Emergency Medical Services Criticized By American Medical Association Officer

For years throughout the United States the emergency medical services systems have been, with few exceptions, deplorable, declares J. D. Harrington, M.D., vice chairman, Registry of Emergency Medical Technicians-Ambulance, Commission on Emergency Medical Services, American Medical Association.

Dr. Farrington says that poor ambulance services with untrained attendants and inadequately equipped vehicles transported patients to hospital emergency "rooms" poorly staffed, with insufficient space and equipment to care for life-threatening problems.

"The rising number of accidental deaths each year, some 117,000 in 1970 with 56,000 of these occurring on the highways, attested to the inadequacy of emergency care for the critically ill and injured," he continues.

"The picture became more gloomy when studies proved that some 20 per cent of the deaths on the highways could have been prevented by better care at the scene and during transport.

"Such conditions existed for years despite efforts of some medical organizations, particularly the American College of Surgeons through its Committee on Trauma, to upgrade the ambulance services and the emergency departments of hospitals throughout the country.

"The ambulance services of the country are a vital part of the emergency medical services systems and are in reality an arm of the hospital emergency department extended to the critically ill and injured.

"While there are some excellent ambulance services in existence, too many areas have poor or no service at all. Too many states have inadequate or no legislation regarding ambulance services, but these same states have very critical legislation as to barbers (1248 hours of training), cosmetologists, bartenders, and others providing public services. (Note: Montana has an ambulance licensing law, the provisions of which are now just beginning to be implemented. See editorial on page 2.)

"While there are a number of organizations, some of long standing, others of recent origin, whose membership consists of individuals involved in ambulance services, there has not been in existence one single national organization which could attest to the proficiency of ambulance personnel. Workers in other allied health fields, such as X-ray and laboratory technicians, physical, occupational and inhalation therapists, have for years been certified and registered by their respective national organizations, which attest to their competency through uniform training programs and by examination."

In his statement, Dr. Farrington traces the history of the organization of the Registry of Emergency Medical Technicians - Ambulance springing from the realization that such an organization was essential for improved ambulance services.

The purpose of the registry as recorded in the by-laws is as follows:

(a) To promote the improved delivery of emergency medical services by:

(1) Assisting in the development and evaluation of educational programs to train Emergency Medical Technicians-Ambulance;

(2) Establishing qualifications for eligibility to apply for registration;

(3) Preparing and conducting examinations designed to assure the competency of Emergency Medical Technicians-Ambulance;

(4) Establishing a system for annual registration;

(5) Establishing procedures for revocation of certificates of registration for cause;

(6) Maintaining a directory of registered Emergency Medical Technicians-Ambulance.

(b) To develop guidelines and programs to assist individuals who have completed emergency medical technician programs to raise their level of competence to assure the provision of improved emergency medical services; and,

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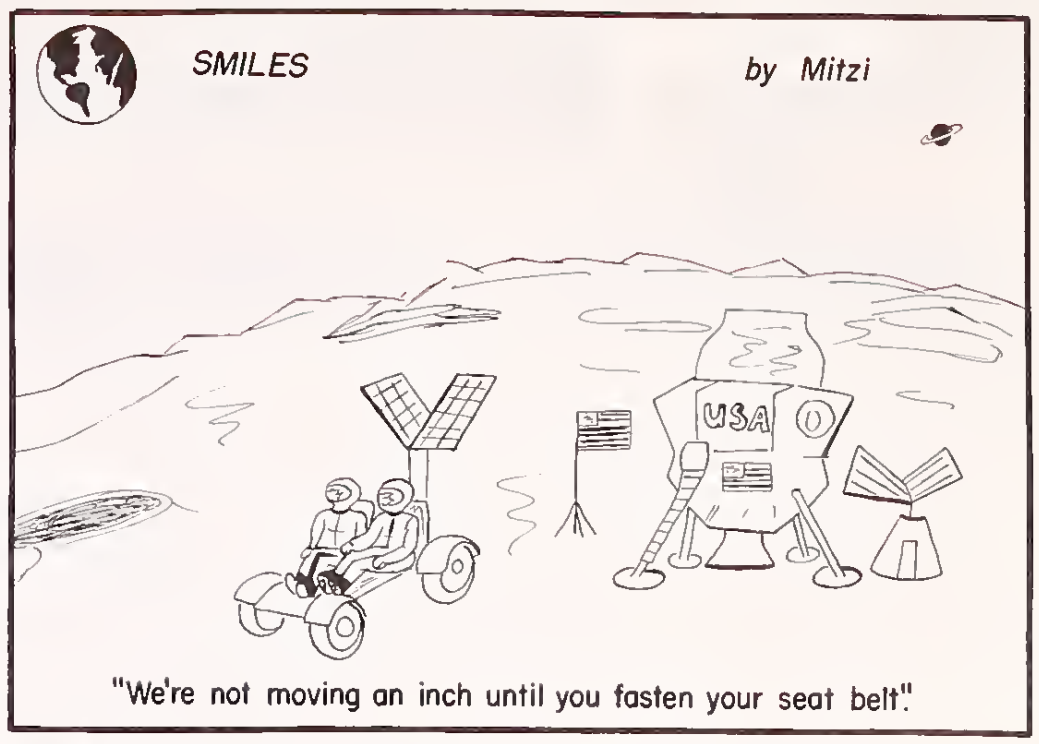

"We're not moving an inch until you fasten your seat belt."

Water Plant Operators Complete Training Courses

Nineteen water and wastewater plant operators recently completed training courses that began in July 1971.

The courses provided training that could lead to certification in Montana of the participants as qualified water and wastewater plant operators. Classes were held weekly. The students studied between classes and each had his instructor work with him for a total of 62 hours on his particular job.

Students attending the training course conducted in Great Falls by Kenneth Johnston were presented their certificates on March 28, 1972 by C. W. Brinck, assistant administrator, Division of Environmental Sciences, Department of Health and Environmental Sciences. Also participating in the ceremony was Joe Phipps of the Manpower Development and Training Office, Environmental Protection Agency, Denver, Colo. A group that took the course at Roundup, taught by Rollin Adams, received their certificates on March 30, 1972 from Hershel Robbins, former Roundup mayor and legislator.

"In many Montana communities, the person in charge of the water and wastewater system is also responsible for many other municipal activities," Brinck said. "Frequently the person has been employed without any special training and what he learns he must pick up from talking to others, the trade journals and any training courses he can attend. Often, these utilities are the greatest investment a community may have. If they are not operated properly, they can be severely damaged, thereby endangering the health of the people that must drink the water and those who come into contact with streams that may receive improperly treated sewage wastes."

He observed that the courses have shown the way toward "great improvement" in the training program. The courses have been funded for another year and present plans call for them to be held in Havre and Laurel for those utilities in a 50-mile radius of those communities.

Persons who attended the course in Great Falls and received certificates included Robert V. Pulst, Joseph J. Hepfner, Frank J. Valachich, Lyle J. Wilson, Lawrence J. Tramelli, Alex Schreiner, James A. Brauch, Wallace E. Morger, Arthur Wm. Habel and Robert E. Loss.

Those who attended the course in Roundup and received certificates were Gary George Thomas, Donald Wayne Holloway, Thomas D. Sanborn, Bruce Donald Fawcett, Jr., Edward L. Jewell, James F. Anderson, Gene V. Fehl, William E. Gantner and Carl C. Dassinger.

Employment Opportunities

Audiologist	Master's Degree in Audiology.
Health Care Facilities Surveyor	Bachelor's Degree and 3 years experience related to hospital care or operation.
Health Educator III	Master's Degree in education and 4 years experience in health or public information.
Public Health Nurse IV	Master's Degree and 4 years experience.

Contact Administrative Officer, State Department of Health and Environmental Sciences, Cogswell Bldg., Helena, Montana 59601.

CHILD POISONINGS DUE TO ADULT NEGLIGENCE

Pesticide Poisoning Studied

Non-fatal pesticide poisonings in Montana are not well documented because they are not reportable occurrences as are fatal poisonings, nor has there been an intensive study to determine the number of pesticide poisonings. The actual number of pesticide poisonings in comparison to the total poisonings in Montana is probably small because of the low occurrence of pesticides in the homes as compared to other poisonous agents and the predominant use of herbicides, which are generally of low toxicity to humans.

On a national scale, in 1970 the National Clearinghouse for Poison Control Centers cited 114,228 poisoning cases in the United States. Records for 1970 reveal that 73 per cent of the total poisoning cases were the result of accidental ingestion. Poisonings in children under five years of age amounted to 70,897 or 62 per cent of the total reported cases.

In 1970, the National Poison Control statistics showed that pesticides contributed an approximate five percent of the total reported poisoning cases — or 5,771 cases.

The most common route of pesticide poisoning is ingestion, and the most common circumstances are accidental. In the United States, pesticides kill more children than adults. It is possible that non-fatal poisonings also occur predominantly in children.

Currently, the Pesticides Demonstration Program, Department of Health and Environmental Sciences, is reviewing pesticide morbidity and mortality in Montana. Review of death certificates from 1964 through 1970 revealed six deaths directly attributed to pesticides; however, there may be more since pesticide deaths occasionally are determined as another cause. Five deaths were suicides by ingestion of either strychnine, cyanide, paris green or varmit poison of undertermined type. One death resulted from a probable accidental exposure to parathion in a greenhouse worker.

At present there is little summary information available for illnesses resulting from pesticides in Montana. Information of this nature is now being gathered from hospitals and physicians through survey request letters and personal interviews. Current incoming survey information indicates that actual numbers of pesticide poisonings are higher than reported in the past by the 25 poison control reporting centers in Montana.

Although the number of pesticide cases in Montana is probably incidental to all other agents, the imminent hazard imposed by pesticides always exists. An accidental ingestion of a pesticide by a 14-month-old girl was reported in early April this year in Rosebud County. The girl entered an unattended utility room and noticed an open cupboard below the sink. Upon investigation, she found a tossit (a capsule containing a mosquito insecticide) which she put in her mouth and sucked on until the capsule began to dissolve. The child's older sister found her playing with the tossit in her mouth and told their mother. The mother promptly cleaned the child's hands and face as she smelled strongly of insecticide. Thinking her child did not ingest a significant amount of the pesticide, she sat the child in a high chair and fed her an orange. Ten minutes later the child collapsed. The child was rushed to the hospital where she was treated, and recovered several hours later.

The majority of accidental ingestions in children are the result of adult oversight and inability to foresee hazardous situations. Accidental poisonings in children are an adult responsibility which requires that parents must not only think prevention, but be capable of modifying their prevention practices with the ages of their children.

With spring upon us and its associated increase in pesticides usage by the home owner, farmer, and rancher, the State Department of Health and Environmental Sciences urges that Montanans make a special effort to practice poison prevention and keep the following precautions in mind at all times when using and storing pesticides.

— Keep all pesticides out of reach of children and under lock and key. Never assume that an improperly stored hazardous substance or "empty" container will go by unnoticed or unchallenged by a child. Children by nature are inquisitive and will eat or drink unfamiliar substances regardless of their tastes.

— Never put a pesticide in a recognizable foodstuff for any purpose.

— Select only material specifically labeled for use in or around the home. Never take home from work chemicals for use against household pests.

— Never deviate from the labeled directions.

— Never store pesticides in unlabeled containers such as pop bottles, food containers, etc.

— Do not store pesticides near food or feed.

— Adopt the "Search and Destroy" theme. Search for hazards in the home and destroy their potential for poisoning children.

Health Council Sponsors Courses For Health People

The National Health Council will sponsor 11 short courses in 1972 for personnel of official, professional, and voluntary health agencies and organizations.

Course subjects will include: Comprehensive Health Planning, Consultation Skills, Community Organization in Health Care Services, Trends in Community Health Care, Executive Development, Leadership Development and Voluntary Health Agency in the Community.

The courses will be conducted by six universities on various dates from May through August, 1972. Cooperating universities are: Columbia University (School of Public Health and Administrative Medicine), George Williams College (Division of Continuing Education), Indiana University (Graduate School of Business), University of Michigan (School of Public Health), University of Oklahoma (School of Health and Department of Health Administration), and Washington University (School of Continuing Education and Division of Conferences and Community Programs).

Descriptive brochures and other information on these courses may be obtained by writing to: Continuing Education Program, National Health Council, 1740 Broadway, New York, New York 10019.

Emergency Medical Services Criticized

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(c) To do any and all things necessary or desirable for the attainment of the purposes stated above.

The office of the registry is in Columbus, Ohio. Rocco Morando, who has long been active in the field of ambulance services and particularly in the training of attendants, is executive secretary.

The initial and momentous task for the registry was the first examination of those applying for membership. No one, regardless of years of service in the ambulance field or previous training, is to be registered and certified without examination. The examination consisted first of a written portion which must be passed prior to the practical, or demonstration of skills portion. The first written examination was given nationwide in selected areas on October 29 and 30, 1971.

The practical portion will be given in selected areas for those who passed the written examination. The practical will involve, of necessity, many more examiners and will be given in smaller groups over wider areas.

"The registry is a great beginning in the improvement of ambulance services nationwide," Dr. Farrington says. "Long a dream in the minds of many providers of ambulance services and a few physicians, it is now an established fact. Uniform training will result.

"The stature of the Emergency Medical Technician-Ambulance will be improved, possibility of advancement is present, i.e., there is no reason why in some remote areas an Emergency Medical Technician-Ambulance could not be in charge of an emergency department of a hospital.

"The ambulance service field should attract more career-minded individuals, particularly the medical corpsmen of the Armed Services, who in the past have been absorbed by industry," he concludes.

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VD Testing

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state's junior and senior high school students. These programs will cover the signs and symptoms of syphilis and gonorrhea, treatment schedules, services available in local areas for diagnosis and treatment; and the speakers will answer related questions as to modes of transmission, prevention and general sex education.

An information specialist will develop a program directed at providing a general awareness of the VD problem, utilizing mass media, civic, service and voluntary organizations, local medical societies and community action programs.

Another aspect will concentrate on the 15-24 age group and the Indian population. Public service announcements, "hot line" telephone service available through crisis centers, neighborhood meetings, educational materials and consultation by local health department personnel will be utilized to get the "message" to these high-risk groups.

Finally, the information specialist will develop training programs for local health department personnel, crisis center volunteers, community action outreach workers and Indian Health Service personnel.